

Appendix 6.2 Sodium hyaluronate

Study	Inclusion/exclusion criteria and diagnosis of frozen shoulder			Participant characteristics (age, sex, diabetes)	Condition-related characteristics (duration and stage of frozen shoulder, previous treatments, secondary frozen shoulder)
Calis 2006 ⁶⁶ RCT <i>Country, setting and treatment provider:</i> Turkey; injection performed by a single physician	<i>Inclusion criteria:</i> History of pain for at least 1 month; limited active and passive shoulder movement; decreased passive range of movement of $\geq 20\%$, in at least three movements, according to the American Medical Association guide for the evaluation of permanent impairment; no previous injection in the involved shoulder; no history of allergy to local anaesthetics, steroids or sodium hyaluronate; absence of cervical radiculopathy, fracture, dislocation and rotator cuff laceration; negative subacromial impingement test <i>Method of diagnosis:</i> Physical examination and laboratory tests. Subacromial impingement test (greatly improved range of movement after injection of 1% of 5 ml lidocaine into subacromial space of affected shoulder) to exclude subacromial impingement syndrome. All tests performed by one clinician <i>Terminology used:</i> Adhesive capsulitis			<i>Age (years), mean (SD):</i> Sodium hyaluronate injection: 59.7 (9.81); steroid injection: 56.36 (11.3); PT: 52.33 (10.1); home exercise: 59.25 (6.8) <i>Female:</i> 63% <i>Any participants with diabetes?</i> Unclear/NR	<i>Duration of FS at baseline:</i> NR <i>Stage of FS at baseline:</i> NR <i>Previous treatments for FS:</i> NR <i>Participants with secondary FS:</i> None reported
Intervention 1	Intervention 2	Intervention 3	Control	Concomitant treatment and details of home exercise	
<i>Sodium hyaluronate injection:</i> Intra-articular, posterior approach injection of sodium hyaluronate (Orthovisc [®]), 30 mg, one injection once weekly for 2 weeks. 22-gauge needle used <i>Home exercise</i>	<i>Steroid injection:</i> Intra-articular, posterior approach injection of triamcinolone acetonide (Kenakort-A [®]), 40 mg, one injection. 22-gauge needle used <i>Home exercise</i>	<i>PT:</i> 10 daily sessions: a heat pack applied for 20 minutes; ultrasonic therapy for 5 minutes (1.5W/cm ² intensity); TENS for 20 minutes at patient's level of tolerance; and stretching exercises <i>Home exercise</i>	<i>No intervention:</i> Home exercise only	Paracetamol could be taken if necessary <i>Home exercise:</i> Stretching and Codman exercises	
Study	Inclusion/exclusion criteria and diagnosis of FS			Participant characteristics (age, sex, diabetes)	Condition-related characteristics (duration and stage of FS, previous treatments, secondary FS)
Rovetta 1998 ⁶⁹ RCT <i>Country, setting and treatment provider:</i> Italy; physiotherapy delivered by one physiotherapist	<i>Inclusion criteria:</i> Clinical history of spontaneous shoulder pain; glenohumeral abduction and forward flexion $< 90^\circ$, external rotation $< 20^\circ$; clinical absence of signs of rotator cuff interruption; cervical examination excluding dysfunction in this area; plain radiographs in standard views; sonographic examination showing shrinking of the joint capsule with increased capsular echogenicity <i>Exclusion criteria:</i> Patients with a history of stroke, trauma, diabetes, ischaemic heart and generalised osteoarthritis disease; previous treatment with corticoid oral regimens <i>Method of diagnosis:</i> Clinical history and radiography or ultrasound <i>Terminology used:</i> Adhesive capsulitis			<i>Age (years), mean (?SD):</i> Steroid + sodium hyaluronate injection + PT: 65.8 (9.1); steroid injection + PT: 62.3 (13) <i>Female:</i> 70% <i>Any participants with diabetes?</i> No	<i>Duration of FS at baseline, mean (?SD):</i> Steroid + sodium hyaluronate injection + PT: 7.4 (? months) (4); steroid injection + PT: 9.0 (3.3) <i>Stage of FS at baseline:</i> NR <i>Previous treatments for FS:</i> NR <i>Participants with secondary FS:</i> None reported

Intervention 1	Intervention 2	Intervention 3	Control	Concomitant treatment and details of home exercise
<i>Steroid + sodium hyaluronate injection + PT:</i> Triamcinolone acetonide (20 mg) and sodium hyaluronate (20 mg) injection given intra-articularly (posterior approach, Cyriax and Russell) at 15-day intervals in the first month, then monthly for 6 months. The most appropriate PT was decided by physiotherapist: passive mobilisation, active exercises and facilitation exercises performed for 4–12 weeks	<i>Steroid injection + PT:</i> Triamcinolone acetonide (Bristol-Myers Squibb) (20 mg) injection given intra-articularly (posterior approach, Cyriax and Russell ⁸⁰⁸) at 15-day intervals in the first month, then monthly for 6 months. PT as for other group			NR
Study	Inclusion/exclusion criteria and diagnosis of FS	Participant characteristics (age, sex, diabetes)	Condition-related characteristics (duration and stage of FS, previous treatments, secondary FS)	
Takagishi 1996 ⁹⁰ RCT <i>Country, setting and treatment provider:</i> Japan; university hospital medical department	<i>Inclusion criteria (including definition of FS):</i> Patients with FS who have < 120° of shoulder joint flexion and those who suffer from pain on exercise of > 4 on the VAS and suffer from pain during night-time and daytime <i>Exclusion criteria:</i> Previous shoulder injury <i>Method of diagnosis:</i> Clinical examination <i>Terminology used:</i> Gojukata (Japanese; English translation 'Fifties shoulder')	<i>Age (years), mean:</i> Sodium hyaluronate: 56; steroid: 48 <i>Female:</i> 75% <i>Any participants with diabetes?</i> Unclear/NR	<i>Duration of FS at baseline (months), mean:</i> Sodium hyaluronate: 4.4; steroid: 3.5 <i>Stage of FS at baseline:</i> NR	
Intervention 1	Intervention 2	Intervention 3	Control	Concomitant treatment and details of home exercise
<i>Sodium hyaluronate:</i> one intra-articular injection of 2 mg sodium hyaluronate once a week for 5 weeks	<i>Steroid injection:</i> one intra-articular injection of 2 mg dexamethasone once a week for 5 weeks			Topical NSAIDs

FS, frozen shoulder; NR, not reported, PT, physiotherapy.